PERMANENT INTERMITTENT EMPLOYEES

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM
CONTRA COSTA HEALTH PLAN - BASIC PLAN A Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$812.06 \$1,624.10 \$2,436.18
CONTRA COSTA HEALTH PLAN - BASIC PLAN B Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$900.19 \$1,800.37 \$2,700.56
KAISER PERMANENTE - BASIC PLAN A Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$877.30 \$1,754.60 \$2,631.90
KAISER PERMANENTE - BASIC PLAN B Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$697.28 \$1,394.56 \$2,091.84
KAISER PERMANENTE - HIGH DEDUCTIBLE HEALTH PLAN Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$559.68 \$1,119.36 \$1,679.04
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$720.00 \$1,369.00 \$1,909.00
HEALTH NET HMO PLAN - BASIC PLAN A Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$1,677.56 \$3,355.12 \$5,032.68
HEALTH NET HMO PLAN - BASIC PLAN B Employee on Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$1,166.55 \$2,333.10 \$3,499.65
HEALTH NET PPO PLAN - BASIC PLAN A Employee on PPO Basic Plan Employee & 1 Employee & 2 or more dependents on Basic Plan	\$2,340.40 \$4,680.80 \$7,021.20